



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C051086

1. DATE OF REPORT	OFFICE USE ONLY
October 1, 2005	<i>[Signature]</i> RH

INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Friends of the 24th Ward	
3. COMMITTEE MAILING ADDRESS P.O. Box 6024 CITY / STATE / ZIP St. Louis, MO 63139-0024	4. COMMITTEE TELEPHONE NUMBER 314-645-8979
5. TREASURER'S NAME Loraine M. Cavin	
6. TREASURER'S MAILING ADDRESS 6635 Hoffman Ave. CITY / STATE / ZIP St. Louis, MO 63139	7. TREASURER'S TELEPHONE NUMBER HOME: 314-645-8979 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Randy Munton	
9. DEPUTY TREASURER'S MAILING ADDRESS 5825 Hightower Dr. CITY / STATE / ZIP St. Louis, MO 63128	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: 314-849-8732 WORK: 314-644-0711
11. DATE OF ELECTION Sept. 20, 2005	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input checked="" type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM July 1, 2005 THROUGH September 30, 2005	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input checked="" type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____ <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;">MISSOURI ETHICS COMMISSION OCT 14 2005</div>
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <i>Loraine M Cavin</i> TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE	DATE OF REPORT	OFFICE USE ONLY
Friends of the 24th Ward	10/01/05	

RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 4156.30		
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 4393.00		MONEY ON HAND	
3. ALL LOANS RECEIVED THIS PERIOD	+ \$ 500.00			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 4893.00			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 350.00		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 941.00
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 5243.00		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 4893.00
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- \$ 500.00		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 8899.30	a) Disbursements By Check \$ 5656.80 b) Disbursements By Cash \$	- \$ 5656.80
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 177.20
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 3215.30	INDEBTEDNESS	
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 5156.80			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 1000.00			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 6156.80		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 9372.10	30. LOANS RECEIVED THIS PERIOD	+ \$ 500.00
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	31. NEW DEBTS INCURRED THIS PERIOD	+ \$ 1000.00
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$	32. PAYMENTS MADE ON LOANS THIS PERIOD	- \$ 500.00
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		33. CREDITS RECEIVED ON LOANS THIS PERIOD	- \$ 0
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	- \$ 0
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$ 1000.00
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$		
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION		
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 500.00			
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0			
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0			
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 500.00			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends of the 24th Ward		2. REPORT DATE 10/01/05	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: Dave Waters ADDRESS: 7003 Manchester Road CITY / STATE: St. Louis, MO 63143 EMPLOYER: Owner of Auto Repair Shop <input type="checkbox"/> COMMITTEE:		7-11-05 \$ 159.00	\$ 159.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Bob Shea ADDRESS: 7023 Manchester Ave CITY / STATE: St. Louis, MO 63143 EMPLOYER: Owner of Autobody Shop <input type="checkbox"/> COMMITTEE:		7-11-05 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Randy Munton ADDRESS: 5825 Hightower Dr. CITY / STATE: St. Louis, MO 63128 EMPLOYER: Owner of Convenience Store <input type="checkbox"/> COMMITTEE:		8-11-05 \$ 1200.00	\$ 1000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Judy McNamara ADDRESS: 6158 Simpson CITY / STATE: St. Louis, MO 63139 EMPLOYER: Self Employed - Insurance Sales <input type="checkbox"/> COMMITTEE:		8-25-05 \$ 1000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Paul Cantagi ADDRESS: 6221 Reber Place CITY / STATE: St. Louis, MO 63139 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:		8-24-05 \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ 2059.00
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ \$ 1400.00
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$ 3459.00
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$ 3109.00
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$ 350.00
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A			\$ 0
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$ 481.00
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$ 803.00
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$ 0
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME: Judy McNamara ADDRESS: 6158 Simpson CITY / STATE: St. Louis, MO 63139		8-25-05	\$ 500.00
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$ 500.00
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$ 0
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$ 500.00
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$ 350.00
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$ 4393.00
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$ 4412.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends of th 24th Ward	DATE 10/01/05
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: Dave Waters ADDRESS: 7003 Manchester Road CITY / STATE: St. Louis, MO 63143 EMPLOYER: Owner of Auto Repair Shop <input type="checkbox"/> COMMITTEE:	9-6-05 ----- \$ 709.00	\$ 550.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Geoffrey Barnes ADDRESS: 6151 Columbia Ave CITY / STATE: St. Louis, MO 63139 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	8-15-05 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Linda Oleson ADDRESS: 1532 Fairmont CITY / STATE: St. Louis, MO 63139 EMPLOYER: Owner - Sign Company <input type="checkbox"/> COMMITTEE:	8-31-05 ----- \$ 350.00	\$ 350.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	 ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	 ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	 ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	 ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	 ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends of the 24th Ward		2. REPORT DATE 10/01/05	
A. EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4. AMOUNT PAID OR INCURRED THIS PERIOD	
3. CATEGORY OF EXPENDITURE			
Bank Fees		\$ 47.00	
		\$	
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 47.00	
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 0	
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 47.00	
B. ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
8. NAME AND ADDRESS OF RECIPIENT	9. DATE	10. PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	11. AMOUNT THIS PERIOD
NAME: Jean Stussie ADDRESS: 8408 Engler Ave CITY / STATE: St. Louis, MO 63114	7-11-05	Gather Signatures \$ 1418.00	\$ 1418.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Alphabet Signs ADDRESS: 2714 Kirkwood Highway CITY / STATE: Wilmington, DE 19805	8-26-05	Yard Signs \$	\$ 920.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Lowes ADDRESS: CITY / STATE: Kirkwood, MO	9-1-05	Big Sign Stakes \$	\$ 114.86 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: St. Louis Presort ADDRESS: 5051 Southwest Ave. CITY / STATE: St. Louis, MO 63110-3427	9-6-05	Ward Mailing \$	\$ 2000.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Sign City ADDRESS: 1532 Fairmont Ave CITY / STATE: St. Louis, MO 63139	9-7-05	Big Signs \$	\$ 460.00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)		\$ 4912.86	
13. SUBTOTAL: ANY ATTACHED PAGES		+ \$ 1196.94	
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ 6109.80	
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 6156.80	
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 5156.80	
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 1000.00	
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOD, LIST AMOUNT		\$ 0	
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 500.00	
C. MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)			
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	21. DATE	22. AMOUNT	
NAME: ADDRESS: CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
23. SUBTOTAL: THIS PAGE (SUM COLUMN 22)		\$	
24. SUBTOTAL: ANY ATTACHED PAGES		+ \$	
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 0	
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT		\$ 0	
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 0	
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD, LIST AMOUNT		\$ 0	



MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE

Friends of the 24th Ward

DATE

10/01/05

INSTRUCTIONS

PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

Total all itemized expenditures at the bottom of the page and carry to item 13 (Subtotal: From Any Attached Pages) on Form CD-3.

If further information is needed concerning reporting itemized expenditures, see Form CD-3 Instructions.

ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS
TO CAMPAIGN WORKERS

NAME AND ADDRESS OF RECIPIENT

DATE

PURPOSE - (IF PAYMENT
WAS TO A CAMPAIGN
WORKER, SHOW
AGGREGATE PAID)

AMOUNT PAID OR
INCURRED THIS PERIOD

St. Louis Presort
5051 Southwest Ave.
St. Louis, MO 63110-3427

9-28-05

Ward Mailing
2068.46

\$ Paid 68.46

Kinkos
St. Louis, MO

9-18-05

Copies

\$ Paid 128.48

STL Distribution Services
9015 Frost Ave
St. Louis, MO 63116

9-19-05

Flyer Distribution

\$ INCURRED \$1,000.

\$

\$

\$

\$

\$

\$

\$

TOTAL: ITEMIZED EXPENDITURES

(CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)

\$ 1196.94



**MISSOURI ETHICS COMMISSION
SUPPLEMENTAL LOAN INFORMATION**

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM

☒ LOAN RECEIVED

☐ LOAN REPAYMENT

OFFICE USE ONLY

NAME OF COMMITTEE

Friends of the 24th Ward

REPORT DATE

10/01/05

I. LOAN RECEIVED (LOAN OF MORE THAN \$100)

1. NAME AND ADDRESS OF LENDER

Judy McNamara
6158 Simpson
St. Louis, MO 63139

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN

Randy Munton
5825 Hightower Dr.
St. Louis, MO 63128

3. LOAN I.D. NUMBER (IF ANY)

4. DATE OF LOAN

8-25-05

5. AMOUNT OF LOAN

\$ 500.00

6. ANNUAL RATE OF INTEREST

0 %

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)

28

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)

Due, in full, by September 22, 2005

II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)

1. DATE OF PAYMENT OR CREDIT	2. NAME AND ADDRESS OF LENDER	3. AMOUNT OF PAYMENT OR CREDIT
Sept. 22, 2005	Judy McNamara, 6158 Simpson, St. Louis, MO 63139	\$ 500.00
		\$
		\$
		\$
		\$
		\$
4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)		\$ 500.00
5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE		\$ 500.00
6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED		\$ 0



MISSOURI ETHICS COMMISSION
STATEMENT OF INVESTMENTS
OTHER THAN SAVINGS ACCOUNTS

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends of the 24th Ward	2. REPORT DATE 10/01/05
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A. INVESTMENTS MADE THIS PERIOD

3. DESCRIPTION OF INVESTMENTS	4. NAME(S) AND ADDRESS(ES) OF PERSON(S) INVOLVED IN TRANSACTION	5. DATE OF TRANSACTION	6. AMOUNT
			\$ NONE
			\$
			\$

B. INVESTMENTS FROM WHICH INTEREST OR DIVIDENDS WERE RECEIVED THIS PERIOD

7. DESCRIPTION OF INVESTMENTS	8. NAMES(S) AND ADDRESS(ES) OF PERSON(S) INVOLVED IN TRANSACTION	9. DATE OF TRANSACTION	10. PRINCIPAL	11. INTEREST
			\$	\$
			\$	\$

12. TOTAL: INTEREST OR DIVIDENDS RECEIVED THIS PERIOD (SUM COLUMN 11) \$ 0

C. INVESTMENTS HELD AT CLOSE OF THIS PERIOD

13. NAME AND DESCRIPTION OF INVESTMENT	14. NAME OF INSTITUTION	15. AMOUNT
		\$
		\$
		\$
		\$
		\$

16. TOTAL: ALL INVESTMENTS HELD AT CLOSE OF THIS PERIOD (SUM COLUMN 15) \$ 0



**MISSOURI ETHICS COMMISSION
FUND-RAISING STATEMENT**

INSTRUCTIONS ON REVERSE SIDE

REPORT DATE

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

... NONE ...

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

4. DATE OF ACTIVITY OR EVENT

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

5. NUMBER OF PARTICIPANTS

RECEIPTS FROM ACTIVITY OR EVENT

7. AMOUNT

8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES
COULD NOT BE OBTAINED

\$

9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE
RECORDS

\$

10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$

0

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

\$

\$

\$

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$

0